



THE

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A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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CONTENTS.

ORIGINAL—	PAGE	EDITORIAL—	PAGE
Typhoid Fever. By R. S. Rutherford, M.D.....	369	Intermittent Pulse.....	377
MISCELLANY—		BIBLIOGRAPHY.....	378
Report of Twenty-five Abdominal Sections.....	372	CORRESPONDENCE—	
Indiana State Board of Health.....	372	Paris Letter.....	379
Ninth International Medical Congress.....	372	Voodooism in the South.....	380
A Fitting Memorial.....	373	SELECTIONS—	
The Mountain Scourge.....	373	Croup.....	381
Myxedema.....	374	Remarks on the Treatment of Syphilis by Hypo-	
Chemicals in the Kitchen.....	374	dermic Injections of Corrosive Sublimate.....	382
A New Danger from Bicycle Riding.....	374	Tetanus Produced by Hypodermic Injections.....	383
Crede's Method for Delivery of the Placenta.....	375	Formic Acid as a Germicide.....	384
A Hair Tumor Removed from Stomach of a Young		Early Operation in Tuberculosis of Lymphatic	
Girl Through Gastrotomy.....	375	Glands.....	384
Cholera Prophylaxis.....	376	Localization of the Cortical Motor Center of the	
Take a Long Breath.....	376	Larynx.....	384
		ARMY MEDICAL INTELLIGENCE.....	384

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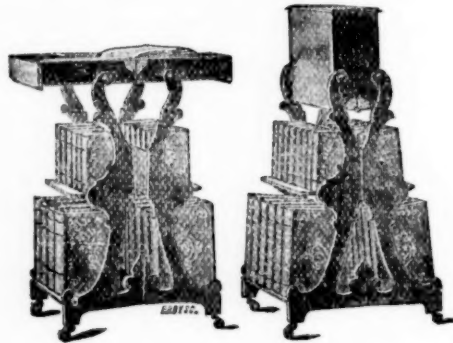
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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 13, 1884.

Original.

TYPHOID FEVER.*

BY R. S. RUTHERFORD, M. D.

In opening the discussion on this important subject I can not perhaps do better than to cite a recent typhoid case:

On August 6th I was called to see Lucy G., aged seventeen. She had been complaining for six or seven days. On arising on the morning of the 6th, she fell to the floor while dressing, saying that she was blind and weak. She was at once put to bed. When I saw her she presented the following symptoms: There was a temperature of 102° F., and a pulse of 90, headache, a white coat on the tongue; the stomach was irritable; the patient was very nervous.

I gave a brisk purgative, followed by quinine every four hours, with bismuth subnitrate. External applications of mustard were made over the region of the stomach.

On the ninth or tenth day of the illness the patient had a temperature of 104° , pulse 100, respirations 30. There were diarrhea, tympanites, epistaxis, and severe headache, the tongue being covered with a brown coat, and trembling when protruded. There was also jactitation and marked prostration.

I ordered quinine, grains v, every four hours, with brandy \mathfrak{z} ss between the doses. Turpentine every eight hours was given in No. 0 capsules, and turpentine stupes were placed over the bowels. Bismuth subnitrate, grains xv, opium, grain ss, were given every three hours, or as needed. Cold applications were made to the head, and a sinapism applied to the back of the neck.

I left the thermometer, with orders to

sponge the patient every hour, or every ten or fifteen minutes if necessary, to keep the temperature below 103° F.

On the morning of the 10th the temperature was 102° . In the afternoon it had risen to 104.5° , the pulse being 112. The stomach and bowels were quiet, and the headache was much less severe.

On the 12th the patient had a temperature of 105° , and a pulse of 116. The nervous symptoms were very marked, and there was slight delirium. The tympanites was moderate. On this day the nurse left the room for water and returned to find the patient standing behind the door at some distance from the bed and asking to have her bed made. Before she could be put back to bed she had a slight convulsion with loss of consciousness. She recovered from this sufficiently to answer questions, but developed a low, pleasant, mirthful form of delirium. I now ordered a wet sheet to be applied and repeated whenever the temperature rose above 103° .

On the 15th the temperature stood at 105.4° , and the pulse being 124. The tongue was dry and brown. There was sordes on the teeth. Tympanites increased, and the urine and feces were passed involuntarily. The diarrhea however was not excessive. There was muscular tremor over the entire body, carphologia, and subsultus tendinum. There had been a slight convulsion during the night, from which she partially recovered with hemiplegia. She was able to answer all questions, but with a considerable time elapsing between the asking and the answering. The right leg and arm were partially flexed, and she complained of pain when either was moved.

On the 16th, at 5 P. M., the temperature was 106.25° , pulse 140. I put the patient in a cold sheet, letting her remain thus for one hour, when the temperature fell to 103.5° . The pulse, however, remained the same as before. At 9 o'clock P. M. the

*Re-1 before the Indiana Third Congressional District Medical Society, October 28, 1884.

temperature had risen to 106.5°, pulse 140, though the patient had been in the pack frequently during the day. I now ordered the sheet to be kept constantly applied, and one and one half gallons of cold well-water to be poured over the sheet every hour. I now discontinued all treatment but the milk, brandy, and the wet sheet.

On the 17th, at 6 A.M., temperature was 103.5°, pulse 124, and very weak. Prostration being great I removed the wet sheet. The patient suddenly placed her hands in the attitude of prayer, opened her eyes and said her prayers in a clear, audible voice. She drank some milk, answered a few questions and was soon unconscious. The fever again came up and the wet sheet was reapplied.

6:30 P. M., temperature 107.75°. I could not count the pulse. The patient died at 9 P. M.

As to the general management of these patients, a well-ventilated room with a good nurse are prerequisites. Members of the family as a rule are not the best nurses, and their presence in the sick-room is often a great disadvantage to the patient. When the patient is nervous and excitable I exclude all persons from the room save the necessary attendants. This had better be done too soon than too late. Systematize your treatment. Leave comprehensive written directions as to the measures employed in treatment. This procedure will make to the good of the patient, the reputation of the physician, and the convenience of the nurse. It is embarrassing for a physician to forget the name of any medicine which he may be giving, and when or how it is to be used. If desirable, leave a thermometer for recording morning and afternoon temperature. Quinine sulphate in tonic doses is good after the first week. I have noticed in some cases what might be termed a feverish nervous irritability, apparently produced by the continued use of quinine. In such cases I discontinue it for a time. Tympanitis is best relieved by turpentine given internally in capsules, and turpentine stupes applied to the abdomen. Carbolic acid and iodine given on the fermentation theory have been unsatisfactory. They seem in my hands to increase the irritability of the stomach. Subnitrate bismuth and opium appear to give me the best results in the treatment of the diarrhea. For small irritating discharges starch-water and tincture of opium answer well. Should hemorrhage occur I reduce

the quantity of food and stimulants, and give hypodermic injections of ergotine, or fluid extract of ergot internally with opium enough to quiet the bowels. It is my custom to give hydrate of chloral and bromide of potassium to produce sleep and allay nervousness in the early stages of the fever. I suspend the use of them before prostration becomes very marked.

As to nourishment, milk stands at the head. It is nature's own combination of nutritive elements. It is best given unmixed with other aliments. If given with stimulants the patient is likely soon to become disgusted with one or both. Especially is this the case if given with the turpentine or shortly before or after a dose of this drug. If for any reason the milk can not be taken, I resort to all available means to remove the cause rather than resort to some other form of food. If I have to give it up I do so feeling that I have lost my best hold in feeding, and turn reluctantly to the various soups and broths, egg-nog, etc. The latter is quite nutritious, but should be freshly prepared each time it is used. It is very liable to produce nausea. In many cases medicines, food, etc. are better received if during the intervals between the times of feeding they are kept out of the patient's sight. When prepared and kept out of sight they are, when offered, often taken before the patient has time to express a like or dislike.

Glasses, spoons, napkins, etc. should be kept clean. The sick often notice these things very closely.

There is no one remedy which gives better results than sponging or the wet-pack, whichever may be required to keep the temperature down. In this matter the thermometer must be our guide. I have often seen restless patients go to sleep in the wet sheet or after sponging.

The case reported above is a typical one ending fatally. Such reports I consider of more value to the profession than those of a dozen cases of typhoid-fever ending in recovery, and for evident reasons.

In the discussion of this paper J. L. Stewart, M. D., of New Albany said: The pathology of typhoid fever is so well established that an attempt to add any thing new might be superfluous, but it seems not so with its etiology and treatment. The specific and non-specific theories both have advocates of equal merit.

It is claimed by some that every case is propagated by some preceding case how-

ever indirect the channel of contagion may be, and is as specific as smallpox. Others maintain that it is a specific poison generated from cess-pools or sewage, and especially from those impregnated with fecal matter. To this latter theory I am very much inclined, and one of my reasons is that I believe it is becoming more prevalent as the country becomes densely populated. It therefore may be abated largely by wise hygienic and sanitary measures.

Its treatment seems as varied as the vegetation which covers our fields, which, though of many kinds, when reduced in the chemist's crucible are found to consist of elements in common. So with the numerous remedies used in the management of this disease, certain well established principles are held in common. The reduction of temperature, lessening or guarding against intestinal lesions, controlling hemorrhage, and sustaining the vital powers, on these all are agreed. Quinine, digitalis, opium, turpentine, the whole class of vegetable astringents, acetate of lead, calomel, iodine, baths, warm and cold, alcoholic stimulants, etc., also the whole class of disinfectants find their special advocates. Such an armamentarium it would seem ought to prevail against the disease, but I fear its force is impaired as is the force of an undisciplined army by wild shooting, which thus disables itself.

Miscellany.

DR. AUSTIN FLINT, sr., delivered before the first annual meeting of the New York State Medical Association an address on Medicinal and Non-Medicinal Therapeutics. From the essay, which is published in full text by the New York Medical Journal, we glean the following: Outside of the profession, most people believe that professional eminence is based on superior attainments in medicinal therapeutics, having no appreciation for the skill of the physiologist, the pathologist, or the diagnostician. In view of this, it is now more politic for the physician to administer than withhold drugs.

The time, however, is not far distant when the physician will not be regarded solely as a therapist, but as a medical counselor, having for his function the preservation of health and the prevention as well as the treatment of disease. To effect this, the patient should be taught that most med-

icinal agents are curative, not directly, but indirectly, by removing obstacles which stand in the way of recovery; that nature is the efficient curative agent, and that the physician is nature's servant. When these things are generally understood by the public, the profession will hold a more exalted position. The standard of medical education will necessarily be elevated, and the usefulness of the profession increased.

At the present time there is great diversity of opinion as to the importance of drugs. Some practitioners have an excessive and unwarrantable faith in drugs. Others are excessively and unwarrantably skeptical. The truth lies somewhere between these two extremes. The difficulties in the way of determining the exact value of a drug are very great, and until quite recently our knowledge rested entirely upon an empirical basis. This was true of cinchona and other antiperiodics, as well as of mercury and iodine, the antisypilitics. Formerly it could not be stated how these drugs acted; now we know that it is through their power as parasitocides. This knowledge is due to the discovery of the parasitic origin of certain diseases. It is probable that in the not distant future we shall be able to control all the essential fevers, with cholera, pertussis, and phthisis pulmonalis, etc., and that we shall have a particular parasiticide for each of the specific parasites of these diseases. Alimentation is an essential factor in therapeutics. It must not be lost sight of that frequently patients may die of starvation; especially is this true in fevers. *No patient can be overfed, so long as the food taken is digested and assimilated. The appetite and sense of taste are nature's indications as to diet.* There are, however, certain diseases in which, because of the patient's morbidly blunted perceptions, instinct fails to express the needs of the system; *especially does this condition exist in typhoid and typhus fevers. In these conditions, milk and eggs satisfy fully the nutritive needs of the system, and there is no substitute for them.* The value of beef tea, meat juice obtained by pressure, infusions, decoctions, and extracts, is highly overestimated, and have led to the loss of many lives by starvation. The method of preparing meats by the Leube and Rosenthal plan, by which they are brought to the condition of peptones through artificial digestion, should be properly appreciated by physicians. Many disorders, especially those of the nervous system, are often due to insufficient alimen-

tation. This is fact, proved by the success of the nutritive treatment inaugurated by Weir Mitchell. In speaking of alcohol as a food, the author says: "I feel warranted in affirming that in a certain proportion of the cases of phthisis alcohol antagonizes the progress of the disease, and that in the continued fevers it is often a means of saving life. It is indicated in all febrile diseases."

In conclusion, he refers to the influence of the mind over disease. This should be borne in mind by the physician, who should ever strive to have the patient look on the bright side of his case.

REPORT OF TWENTY-FIVE ABDOMINAL SECTIONS.—Edward Malins, M. D., reports in the *Lancet* for November 1st a second series of twenty-five cases of abdominal section, with only one death. This case was a girl seventeen years old, with chronic pelvic peritonitis. The left ovary and tube were adherent to the side of the uterus. She did well for eleven days, being bright and cheerful. On the 12th, after taking tea and while reading, she suddenly screamed and died. On post-mortem no structural changes could be found, and the conclusion was that she died from fatty embolism.

INDIANA STATE BOARD OF HEALTH.—Dr. J. L. W. Yost, of Mitchell, Ind., Secretary Lawrence County Board of Health, sends notice that a Sanitary Convention, under the auspices of the State Board of Health, will be held in Mitchell, Ind., on Thursday, December 18, 1884. Physicians and others interested in public health are respectfully invited to attend the meeting and take part in the discussion on subjects pertaining to the public good.

NINTH INTERNATIONAL MEDICAL CONGRESS.—The Committee on Organization of the Ninth International Medical Congress, to be held in the United States, in 1887, met in Washington, D. C., on November 29, 1884, for the determination of the general plan of the Congress, the election of officers of the Committee, who will be nominated to fill the same offices in the Congress, and the consideration of questions of finance.

The following rules were adopted:

1. The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the Register of the Congress, and shall have taken out their tickets of ad-

mission. As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose.

The American members of the Congress shall be appointed by the American Medical Association, by regularly organized State and local medical societies, and also by such general organizations relating to special departments and purposes, as the American Academy of Medicine, the American Surgical Association, the American Gynecological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological societies, and the American Public Health Association; each of the foregoing societies being entitled to appoint one delegate for every ten of their membership.

The members of all special and subordinate committees, appointed by the General Committee, shall also be entitled to membership in the Congress, together with such other persons as may be especially designated by the Executive Committee.

All societies entitled to representation, are requested to elect their Delegates at their last regular meeting preceding the meeting of the Congress, and to furnish the Secretary-General with a certified list of the Delegates so appointed.

2. The work of the Congress is divided into eighteen Sections, as follows, viz:

- | | |
|-------------------------------|----------------------|
| 1. Medical Education, | 12. Nervous diseases |
| Legislation and Registration, | and Psychiatry. |
| 13. Laryngology. | |
| 14. Public and Inter- | |
| national Hygiene. | |
| 15. Collective Investi- | |
| gation, Nomenclature, | |
| and Vital Statistics. | |
| 16. Military and Naval | |
| Surgery and Medicine. | |
| 17. Experimental Ther- | |
| apeutics and Pharma- | |
| cology. | |
| 18. Diseases of Chil- | |
| dren. | |
| 11. Dermatology and syphilis. | |

3. The general meetings will be reserved for the transaction of the general business of the Congress and for addresses or communications of scientific interest more general than those given in the Sections.

4. Questions which have been agreed upon for discussion in the Sections shall be introduced by members previously nominated by the officers of the Section. The members who open discussions shall present a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any one of the Sections, together with abstracts of the same, must be sent to the Secretary of that Section before April 30, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. Papers relating to questions not included in the list of subjects suggested by the officers of the various Sections will be received. Any member, after April 30th, wishing to bring forward a subject not upon the programme, must give notice of his intention to the Secretary-General at least twenty-one days before the opening of the Congress. The officers of each Section shall decide as to the acceptance of any communication offered to their Section, and shall fix the time of its presentation. No communication will

be received which has been already published or read before a society.

6. All addresses and papers, read either at General Meetings or in the Sections, are to be immediately handed to the Secretaries. The Executive Committee, after the conclusion of the Congress, shall proceed with the publication of the Transactions, and shall have full power to decide which papers shall be published, and whether in whole or in part.

7. The official languages are English, French, and German.

No speaker shall be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The Rules, Programmes, and Abstracts of Papers will be published in English, French, and German.

Each paper or address will appear in the Transactions in the language in which it was delivered by the author. The debates will be printed in English.

9. The officers of the General Committee on Organization are a President, three (3) Vice-Presidents, a Secretary-General, and a Treasurer, and those elected to these positions will be nominated by the General Committee to hold the same offices in the Congress. All vacancies in these offices shall be filled by election.

10. There shall be an Executive Committee, to be composed of the President, Secretary-General, and Treasurer of the General Committee, and of four other members, to be elected by the General Committee. The duties of the Executive Committee shall be to carry out the directions of the General Committee; to authorize such expenditures as may be necessary, and to act for the General Committee during the intervals of its sessions, reporting such action at the next meeting of the General Committee.

11. There shall be a Standing Committee on Finance, composed of five members, to be appointed by the President, subject to the approval of the Executive Committee.

12. Those who are elected as Chairmen of the several Sections shall be thereby constituted members of the General Committee.

The officers elected are as follows:

President—Dr. Austin Flint, sr., of New York. Vice-Presidents—Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada. Secretary-General—Dr. J. S. Billings, U. S. Army. Treasurer—Dr. J. M. Browne, U. S. Navy. Members of the Executive Committee (In addition to the President, Secretary-General, and Treasurer)—Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

The Executive Committee will proceed at once to complete the work of organization.

J. S. BILLINGS,

Secretary-General.

WASHINGTON, D. C., Dec. 1, 1884.

A FITTING MEMORIAL.—In Detroit, on the evening of November 26th, the Farrand Training School for Nurses was dedicated with appropriate ceremonies.

This noble institution has been established in honor of the late Dr. W. O. Farrand, the well-known eminent physician and surgeon. It was built and endowed by the citizens of Detroit, who contributed heartily and liberally the necessary funds, and will stand for all time as a substantial proof of the affectionate regard of a great community for the memory of a good and great physician.

Warm tribute was paid to the memory of Dr. Farrand in appropriate speeches by several distinguished members of the profession in Detroit. Below are a few paragraphs from the remarks of Dr. Donald MacIaen, who was his colleague and most intimate friend:

Dr. Farrand was a careful student, and well posted on all subjects. He never faltered in his devotion to his country. He set the example to all the young men about him of earnestness and virtue. You will all agree that this was his life in Detroit. His former home was near Ann Arbor, and he used to delight in visiting the scenes of his childhood on the old farm.

He had a keen appreciation of a joke and told a good story, but in all my acquaintance I never heard a story that could not be repeated in the most refined company. I never heard him say an unkind word. I never heard him swear. He was always the same kind and noble gentleman. In looking over the counsel he has given me, I can say it was always good.

Dr. Farrand's death was sudden and unexpected, but so far as work is concerned he lived a long time. While he lived he worked honestly and faithfully. His service in the hospital was as careful and faithful as he ever rendered to the wealthiest of his patients in later days.

THE MOUNTAIN SCOURGE.—Dr. J. B. Hubbell, General Field Agent of the Red Cross, has been investigating the plague which has made sad havoc among the mountaineers of Kentucky and Virginia during the last three or four weeks. In a letter to the Courier-Journal of December 7th he states that the disease is now decreasing. The ravages of the scourge, when the sparsely settled state of the region is taken into account, has been very great, the death-rate reaching a grand total of 2,045. The disease, which is called a "flux," seems to be clearly attributable to a vitiated water-supply, but whether the poison is mineral or vegetable he has not been able to determine.

Dr. J. O. Carson, of Bowling Green, Ky., has been sent by the State Board of Health

to investigate the causes of the epidemic, and will probably unearth some facts which will dispel the mystery at present surrounding it. The investigations of the chemist in this matter will doubtless be of great interest.

MYXEDEMA.—At a meeting of the Clinical Society of London, October 24th, Dr. Anderson gave the clinical history of a case of myxedema. The points of interest in the case were that there was a severe hemorrhage at the beginning of the disease, and a hemorrhagic tendency at the present time; occasional nervousness, the patient being very restless, a state apparently incompatible with the general character of the disease, and a peculiar hazy appearance along the course of the blood-vessels of the retinae. There was subjectively an improvement in the patient's condition while taking jaborandi, and a marked increase in the amount of urea secreted during its administration.

THE Gaulois says that a doctor engaged in the laboratory of Prof. Vulpian has thrown down the glove to Dr. Koch. He has swallowed some pills made from the vomit of a patient suffering with cholera. His object, it is said, is to prove that the microbes discovered by Koch are innocuous. The idea is a good one, and the experiment, whatever the result, is likely to benefit the world. If the doctor escapes the disease, his act may lead to the correction of a great mistake; if he takes it and dies, there will be one fool less in the world.

CHEMICALS IN THE KITCHEN.—A case of poisoning which took place under suggestive, if not peculiar, circumstances was reported in the Louisville newspapers of last week. A family of colored folk, who were in the habit of keeping rat poison (white arsenic) and baking soda side by side on the shelf of the dresser, came near losing its father and one or two of the children through an incompetent cook, who was so grossly ignorant of chemistry as to mistake the As_2O_3 for the Na_2CO_3 .

A NEW DANGER FROM BICYCLE RIDING. The bicycle saddle is now reduced to the smallest possible limit. It is just wide enough at its posterior part to cover the ischial tuberosities, and it tapers off quickly to a long, narrow horn in front, upon which the perineum rests. Let us consider the

position of the body and limbs when the rider is mounted, and we can then appreciate the amount of body-weight which must be thrown upon the perineum. In bicycle riding the legs are, when extended, vertical, and the pelvis is flexed upon the thighs or rolled forward. This rolling forward of the pelvis is slight in easy riding, and very marked in fast riding and hill climbing. Now, when the body and pelvis are bent forward, the ischial tuberosities are raised from the saddle, and the whole weight of the body, save what is transmitted to the pedal by the then extending leg, is thrown upon the perineum. It is not much of the body's weight that is conveyed to the pedals. In easy riding on the level the weight of the limb from the hip down is sufficient to move the machine, and in hard riding the extra pressure is gained not so much by throwing the body's weight upon the pedals as by pulling upward on the handlebar, and so further increasing the pressure of the body upon the saddle. But even admitting that the pressure upon the perineum be only a few pounds, I hold that it must be injurious in the extreme, for were the pressure *nil* when riding upon a perfectly plane surface, it must at times be considerable when the machine is ridden over an unequal surface such as is afforded by our best country roads. Let those who talk of "the beautiful gliding motion of the bicycle" try to play a game of billiards after a ride of twenty miles, and then explain where all their "shakiness" comes from, as if their motion has been that of the skater. Now, this pressure on the perineum, whether it be continuous and increased at every jolt, or whether it be made up of jolts alone and be *nil* in the almost imperceptible and irregular intervals must be injurious, more especially to growing boys. It must cause irritation and congestion of the prostate and surrounding parts, tend to exhaust and atrophy the delicate muscles of the perineum, and also call attention to the organs of generation, and so lead to a great increase in masturbation in the timid, to early sexual indulgence in the more venturesome, and ultimately to early impotence in both.

We all know that among the Tartars horse-riding causes complete impotence in many of their strongest and most daring men, with wasting of the testes, dropping of the beard, and change in the pitch of the voice; and we also know that the introduction of the horse into the Western world had quite as much or more to do

with the extermination of the red man than had the almost simultaneous introduction of the European. In a Southern tribe of Indians—that is, a horse-riding tribe—it is a marvel to find a squaw with more than two or three children, though they—both men and women—marry young. Impotence is said to be common among them at thirty. The “disease of the Scythians” and its causes are sufficiently notorious.

If, then, these sad results are the outcome of immoderate equitation where there are an extensive seat and a stable foot-rest, and where the adductor muscles of the thighs are used, what are we to look for where our boys of ten and upward spend the greater part of their own time riding bicycles, and get over thousands of miles in the year, perched upon a saddle no bigger than the hand, which conveys every jolt of the machine to the body; where the jolts are ten times more numerous than those experienced by the equestrian and, occurring without any approach to rhythm, are conveyed unexpectedly to the person?—*Dr. S. A. K. Strahan, in the London Lancet.*

CREDE'S METHOD FOR DELIVERY OF THE PLACENTA.—*Dr. W. H. Taylor, in the Cincinnati Lancet and Clinic, says:* The vigorous controversy over “Crede's method,” which has recently involved so many obstetricians, has led Crede to restate in detail the manipulation he advises. As many American practitioners habitually adopt what they believe is his practice, I think it will be of interest to know exactly what that method is, I therefore have translated his own description, giving the italics as found in the original, in the *Archiv. für Gynakologie*, xxiii, 2, 213:

“The natural detachment of the placenta occurs within a few minutes after the birth of the child, and is recognized by a discharge of blood and by marked diminution of the size of the uterus, which may now be felt as a firm ball, the size of a child's head, between the umbilicus and pubes. As soon as any after-pains have occurred the midwife grasps the entire uterus through the abdominal walls with both hands and presses it toward the concavity of the sacrum, she repeats this *several times*, if necessary, *but only during a pain*, until the placenta is found at the vulva or is entirely expelled. If, from imperfect contraction of the uterus, or from tenderness of the abdominal walls, sufficient pressure to expel the placenta can not be made, the at-

tendant, guided by the umbilical cord, feels carefully in the vagina for the placenta; if a portion is felt, then, with one hand, *gentle* traction is made on the umbilical cord, while with the other pressure is made over the uterus. If the point of insertion of the cord in the placenta can not be reached, or if on *gentle* traction of the cord resistance is felt, no further effort to deliver the placenta in this way may be made until after *several uterine contractions* have occurred, which may be increased by *gentle* rubbing and pressure. If the placenta is found low in the vagina, and readily reached by the finger, then the attendant shall pass the index and middle fingers as far upon the placenta as possible and press it gently downward and backward, while with the left hand the cord is made tense. When the placenta appears at the vulva the attendant shall grasp it with the fingers of one hand, and draw it gently upward and slowly turn it upon itself several times in order that the membranes may form a cord and not be torn away. When delivered the entire after birth and any coagula are removed under the flexed leg of the woman and placed in an empty basin.

“*All strong traction* on the umbilical cord, or attempts to extract the placenta when high up by introducing a part or the whole hand, or to aid the efforts at extraction by straining, coughing, blowing in the hands, etc., are *very dangerous* and therefore are *forbidden*.”

A HAIR TUMOR REMOVED FROM THE STOMACH OF A YOUNG GIRL THROUGH GASTROTOMY (*Arch. für Klin. Chir.*, xxix).—In a girl, aged fifteen, who since her thirteenth year had been in a kyphotic condition, often complaining of stomach-trouble, there was discovered an abdominal tumor, solid and movable. It was thought to be a floating kidney, and extirpation was attempted. On opening the abdominal cavity, the tumor was found to be within the stomach, which was very pendent. An incision into this organ showed a hair tumor representing the dimensions of the stomach: weight, 281 grammes; length, 13.5 centimetres; breadth, 10.5 centimetres; thickness, five sixths centimetre. The color of the hair was black on the surface, and on the inner part decidedly blonde. The pieces were from one to two centimeters long. The patient had a favorable recovery from both her abdominal and gastric wounds. She explained, after her recovery, that four years previously she had for the

space of one year chewed her hair energetically. The hair of the inner part of the tumor resembled quite closely her own hair. The author thought that the hair on the outer part had been colored black by preparations of iron which he had given her for chlorosis over a long period of time. This case, he said, is not without parallel. He had collected not less than seven analogous cases from the literature. In the majority of cases the chewing of the hair continued much longer, and the tumors were on this account larger. The other patients having hair tumors all died, either from uncontrollable vomiting or perforation.—*Philadelphia Medical Times.*

CHOLERA PROPHYLAXIS.—In view of the probability that cholera will visit this continent during the coming spring or summer, the State Board of Health of Kentucky has issued the following circular. It is hoped that in the interest of public safety its timely warnings may be duly heeded.

BOWLING GREEN, KY., Nov. 25, 1884.

To the Health Officials of Kentucky:

During the month of August last, this Board addressed you a circular letter advising you of the prevalence of Asiatic cholera in Europe, and of the fact that it never prevailed there as an epidemic without reaching our shores, and urging upon you in the strongest terms to use every means in your power for the improvement of the sanitary condition of the territory under your jurisdiction as the best known local method of preventing this disease. Since that letter was sent out the disease has gradually spread in Europe, and the epidemic has now reached such proportions as to constantly threaten an invasion of this country.

In view of the imminent public danger the National Conference of State Boards of Health has called a meeting, to be held at Washington, D. C., December 10th, to which have been invited the quarantine officers and the health officers of the principal ports and cities of the United States and Canada for conference in regard to the sanitary condition and regulations of the localities which each of the delegates will represent, and in order to secure co-operation and concert of action between all the health boards of this country in preventing or mitigating the horrors of an epidemic.

It is again urged upon you that cholera is a filth disease. It usually has its starting point and is always far more fatal in the filthy, neglected quarters in cities and towns, and such quarters under your jurisdiction should receive prompt and continuous attention. We would suggest that sanitary inspectors be appointed in every city, town, and village in the State, whose duty it shall be to visit every house, to point out any source of disease that may exist, and urge and, if necessary, enforce the removal of the same. The water-supply, vaults, cellars, drains, back-yards, and alleys should receive special attention. Our laws confer ample

power on you for this work, and it is believed that the necessary funds can be secured by properly representing its importance and practicability to the city and town authorities or the county courts. The responsibility is on you until you faithfully attempt to do your duty; and if you fail, and cholera comes, you will have shifted the responsibility to other shoulders.

This work should be begun at once. It will be too late after the disease is in our midst, as the cities and towns of France and Italy have found to their cost. Panics can only be prevented by intelligent efforts to prevent the location and to limit the spread of the disease. Confidence will be inspired by every effort that you make in this direction, and in this work you can not fail to receive the support of every intelligent citizen of the community.

It will be well, too, for the public to understand that the labor and money expended in this work will not be lost whether cholera comes or not. The same unfavorable local conditions which will enable cholera to spread, if its infective germs are imported into this State, are the same conditions which day after day cause and spread other preventable diseases, such as diphtheria, typhoid and scarlet fever and other filth diseases, which, though less alarming, because they are more common and slower in their work, are far more destructive to life. The threatened invasion of cholera will prove a benefit if, in preparing for it, we remove the causes of these diseases, which produce a hundred fold greater mortality in Kentucky than cholera, and in doing so instruct our people that the same better habits and methods of living, which will prepare them to resist cholera, will also protect them against our more fatal every-day plagues.

In order that this Board may have the knowledge which it should possess of the sanitary status of every section of the State, and that its delegates may be in position to inform the Conference what preparation has been made in this State to resist cholera, you are requested to call a meeting of your board at the earliest convenient day and report to us what steps have been taken by you, or the citizens of your community, looking to the removal of the unfavorable sanitary conditions which favor the location and spread of this disease.

PINCKNEY THOMPSON, M.D.,

President.

J. N. McCORMACK, M.D.,

Secretary.

PROFESSOR HENRY F. CAMPBELL, M. D., the President-elect of the American Medical Association, has recently passed successfully the ordeal of the double-cataract operation. Dr. Chisolm, of Baltimore, was the surgeon who did the brilliant work.

JOHN WYETH & BROTHER advertise in this issue a new line of Medicinal Compressed Lozenges. They are elegant, palatable, efficacious.

TAKE A LONG BREATH.—One of the most recent creations of organic chemistry is "phenylizininizinohydrobenzocarbonsaurester."

The Louisville Medical News.

Vol. XVIII SATURDAY, DECEMBER 13, 1884. No. 24

H. A. COTTELL, M. D., - - - - - Editor.

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INTERMITTENT PULSE.

The Boston Medical and Surgical Journal of November 27th gives in epitome the results of some recent studies by Dr. Benjamin Ward Richardson relative to the significance of "intermittent pulse."

The author states that if it occurs in infancy it is an important indication of the existence of serious nervous derangement. Occurring in young adults it has the same meaning, and tells the story of commencing failure of power. In five cases the author has known it to be the first physical indication of derangement of mind in which suicide was attempted. In persons advanced in life, and in persons prematurely old, intermittency is often the herald of symptoms of nervous failure. Persons in whom there is permanent intermittent action of the pulse pass through all acute diseases with less chance of recovery than others of similar age and like constitution who have no such failure. The author also states that he has often noticed the hereditary character of the phenomenon. With reference to treatment, there is no known specific method. Excitement should be avoided, and in cases where there are symptoms of cerebral congestion depletive measures are sound. Nothing relieves the intermittent action of the heart so rapidly as alcohol judiciously administered, and nothing clenches the affection more decisively than alcohol indiscriminately prescribed. All alcoholic fluids as beverages must be avoided, but if the case demand it, then at bed-time half an ounce of pure alcohol will often act most effectively.

In his work on Preventive Medicine (H. C. Lea's Son & Co., 1884) the author states

that intermittent pulse is usually the result of some form of nervous shock, such as grief, anger, fear, anxiety, or physical injury, and gives due prominence to the fact that it is very often present in persons who have passed the sixtieth year of life. He closes his comments by saying dogmatically, "It may be considered essentially as a sign of organic nervous failure."

Now, while the opinions of Dr. Richardson should be held in great respect as coming from a high authority in medicine, it will be found, on comparing these teachings with those of other observers, that they should be carefully weighed by the physician before he makes them the bases of a grave prognosis in patients, young or old, who may present this symptom.

Intermittent pulse, according to Constantine Paul (Wood's Library of Standard Medical Authors, 1884), may be classified under two heads, the true and the false. In the first, "not alone the arterial pulsation, but also the cardiac impulse, is absent." The condition is not incompatible with health, and the author mentions cases which he has known to last for twenty, thirty, and even forty years. In this form of intermittence the subject is conscious of the condition, not discovering it accidentally by placing the fingers upon the radial artery. The cardiac pause is followed by a lively impulse, announcing a return of function, or there is a sense of suspense, with fleeting anxiety, terminating with a somewhat exaggerated beat, which restores the patient to a feeling of security, or sensations representing both of the conditions above named may be felt.

True intermittence is not, as a rule, a sign of organic lesion, although it has been occasionally found associated with slight atheroma. It is very common in the course of temporary acute affections, slight anginas, for example, and, according to Lasègue, may sometimes show that the patient is incubating "some disease of the organs of nutrition—for example, an apparently spontaneous phlegmon, a general bronchitis,

etc." Under these circumstances the phenomenon is temporary, and disappears during convalescence.

In false intermittence the heart continues in action, but the pulse-wave may be so modified by a variety of conditions that it will fail to register the cardiac impulse at rhythmic periods. Intermittence of the pulse, the heart not ceasing to beat, is a sign of organic cardiac disease, since it shows that the cardiac systole has failed to "propel the blood [or drive the pulse-wave] to the end of the arteries."

The causes of intermittent pulse are set down by the author as follows:

1. Mitral insufficiency (systole aborted by mitral reflex).
2. Mitral stenosis (systole aborted by incomplete filling of the ventricle).
3. Alterations in the myocardium (systole aborted by want of energy).
4. Agitation of the heart (systole aborted by premature contraction and incomplete filling).
5. The action of digitalis and chloral (systole aborted by toxic action).

Other toxic agents may abort systolic action, and there may be cardiac disease, especially in the young, which is not characterized by an intermittent pulse, but in practice it may be said that an arrhythmic pulse with a rhythmic heart, toxic agents being excluded, is evidence of a lesion in the heart.

If the conclusions of the French physician be well founded, it must be admitted that the statement of Dr. Richardson is somewhat too sweeping, and that an intermittent pulse, occurring in either the young or old, can not, without abundant collateral evidence to the point, be taken as a sign of a nervous break-down.

A lesson in diagnosis and a suggestion as to treatment may also be gleaned from this discussion. Before giving an opinion as to the significance of intermittent pulse in any case, the physician should, on placing his fingers upon the artery, apply his ear to the chest, since by this mode of procedure the question as to whether the inter-

mittence be "true" or "false" may in most instances be readily settled.

The suggestion as to treatment applies to "true intermittence," and is physiological. For since the affection is probably due to reflex cardiac inhibition, the prolonged diastole being a symptom of an existing center of irritation set up by a lesion or functional derangement in some distant organ, it may be possible to suspend, by certain drugs, the inhibitory action of the vagus, and thus permit the heart to regain its rhythm, while the cause may be sought for and met by special or general treatment.

We are informed by Professor J. W. Holland that strychnia (one sixtieth of a grain three times a day) has, in his hands, promptly restored to its normal beat the arrhythmic pulse so often found in aged patients, and there are good *a priori* grounds for the exhibition of atropia under the same conditions. That this treatment is rational is abundantly attested by physiological experiments, which prove beyond question the power of these drugs to paralyze the cardio-inhibitory fibers of the vagus, and restore to normal action the heart of an animal which has been stopped in diastole by mechanical irritation of the mesenteric or peripheral nerves.

Bibliography.

The Physician's Pocket Day-book. Designed by HENRI LEONARD, M. A., M. D., Professor of Medical and Surgical Diseases of Women and Children and Clinical Gynecology in the Michigan College of Medicine. Accommodates daily charges for twenty-five or fifty families weekly; has a complete obstetrical record for ninety-four cases, and monthly memoranda for debit and credit cash account. Price, \$1.00; your name and year on the side in gold leaf, \$1.25; name, town, State and year, \$1.50. Issued annually. The Illustrated Medical Journal Company, Detroit, Mich.

This is a handsome visiting list, very elegantly ruled, dated, and printed. Its contents are ingeniously arranged.

The Dry Treatment of Chronic Suppurative Inflammation of the Middle Ear. By Charles J. Lundy, A. M., M. D., Professor

of Diseases of the Eye, Ear, and Throat in the Michigan College of Medicine, Detroit. Reprinted from the Transactions of the Michigan State Medical Society; read at its annual meeting, held in Grand Rapids June 11 and 12, 1884.

Muriate of Cocaine in Ophthalmic Surgery. By C. J. Lundy, A. M., M. D., Professor of Diseases of the Eye, Ear, and Throat in the Michigan College of Medicine. Reprinted from the November (1884) number of the Physician and Surgeon, Ann Arbor, Mich.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editor Louisville Medical News:

When I last wrote to you I was in hopes that I should have no more to say about the cholera epidemic in this country, as it was then all but extinguished. After having reigned for three or four months in the South of France, it traveled to the North, where, however, it had not extended beyond Yport and Nantes. The disease is now in Paris, where it is officially reported to have broken out on the 4th inst. Judging from the number of admissions in proportion to the population, which now amounts to more than 2,000,000, and comparing the number of cures with the number of deaths, the disease may be considered to be of a very mild form. The epidemic is not confined to any particular district, but there are isolated cases to be found all over Paris, being, however, chiefly confined to the most populous parts of the town, where in fact it originated. The medical men here are puzzled as to how it has spread; the first cases that occurred and those that are still occurring are so far apart from each other that no direct connection could be found between them to account for its spread by contagion. As at the outbreak of the disease at the end of June at Toulon, and soon after at Marseilles, various hypotheses were enunciated as to the nature of the epidemic, some considering it to be the true Asiatic cholera, imported from the East, while others looked upon it as a simple sporadic form of the disease. Others again considered the disease to be of the true Asiatic type, not imported but engendered *de novo* by local causes. The last opinion is that

entertained by some of the leading sanitarians of Paris as regards the present epidemic in this city; as, simultaneously with the outbreak at Toulon and Marseilles, several cases had occurred in and about Paris that were not made known. Various speculations are also afloat as to the cause of the disease, some attributing it to a specific germ which enters the body by some means not yet satisfactorily determined; but all are agreed that insanitary conditions and debilitated constitutions from whatever cause, particularly that from intemperance, are the most fertile soils for the inception and development of the cholera germs. The medical men, however, are becoming converted to the water theory of the etiology of the disease, and they evidently now look upon polluted water as being one of the most potent factors in the pathogeny of infectious diseases, such as cholera and typhoid fever, as they are using their influence with the municipal authorities to attend more to the purity of the water-supply for drinking and other household purposes. All possible precautionary measures are being taken to prevent the extension of the epidemic, and, I think, with some success. There have been altogether fifteen hundred cases from the date of its outbreak to the present time, of which six hundred and ninety-five died. These figures comprise the hospital cases and those in private houses.

At the commencement of the epidemic the mortality was greater than it has been during the last three or four days. The number of new cases are also diminishing, and the cures are greater. On the morning of the 19th instant there were three hundred and nineteen cases still under treatment in the different hospitals. Various treatments have been employed, but paregoric, or laudanum and bismuth, separately or combined, are most in favor. The hypodermic injections of morphia and of ether have also been employed, but it can not be said that they are more efficacious than the other remedies vaunted, for whatever the treatment adopted the mortality has been from fifty to seventy-five per cent. The latter is the rate of mortality in the hospitals, as patients seldom or never apply for admission before they get to the last stage of the disease. Professor Hayem, Physician to the Saint Antoine Hospital, has revived the treatment by intra-venous injections of a solution of the chloride of sodium, which was practiced so far back as 1830 in similar cases, and the following are the results of his treat-

ment, as shown in a paper he read before the last meeting of the Academy of Medicine. He stated that he had two hundred patients affected with cholera, in one hundred of whom he tried the injections. Of this number twenty were cured and five were still under observation, when he read his report. He added, that all the patients in whom the transfusion had not been employed died. The following is the formula of the solution employed by Professor Hayem: Distilled water, 1 liter; chloride of sodium, 5 grams; sulphate of soda, 10 grams. From two to two and a half liters at a temperature of 38° centigrade were injected at a time, the operation lasting about fifteen minutes. The results varied according to the subjects. In those addicted to spirits, those weakened by misery or other causes, the results were not favorable; the reaction produced by the injections was incomplete, and the patients soon fell into an ataxo-dynamic condition which ended rapidly in death. The same result was observed when the injection was performed in the algid stage; that is, there was either no reaction or it was produced in an incomplete manner. The injection was repeated once or twice according to circumstances, and Dr. Hayem asserts that no bad effects were produced, that the wound in the vein healed kindly, and that the blood globules always retained their form and normal aspect.

But the public themselves, official or otherwise, are beginning to attach more importance to prophylactic measures. Every thing is done to improve the sanitary condition of the streets and dwellings. Disinfectants are freely employed, and the Prefect of Police has issued a circular addressed to the mayors of the twenty *arrondissements* in which he directs the usual precautions against cholera prescribed by the Paris Council of Hygiene, which may be summed up thus: Temperance in all things, and the early application for medical aid on the least feeling of indisposition, for it is now pretty generally admitted that of all diseases cholera, if properly treated at the beginning of an attack, or what is known by the stage of premonitory diarrhea, is more likely to be mastered than in the later stages of the disease. All water for drinking and other personal use, should be boiled, particularly during an epidemic of cholera or of typhoid fever, or whenever the purity of potable water is not guaranteed. An ambulance service has been organized, but it is so defective as to be almost useless.

The following disinfectants are recommended, and I give them in the order of the importance attached to them: Sulphate of copper, chloride of zinc, chlorinated lime, and carbolic acid. The first is recommended for disinfecting dejecta, and consequently best suited for privies and cess-pools, in which case a certain quantity of the salt or a solution of it (fifty grams to a liter) is deposited in the vase or let down the pipe connected with it. The chloride of zinc is adapted for linen, the chloride of lime and carbolic acid being used only as deodorants. In the hospitals the clothes of the patients are now fumigated in stoves heated to 120° C (270° F.) and the linen is further plunged into a saturated solution of chloride of zinc, but in a few days apparatus for cremating the dejecta will be in use at all the hospitals.

From the latest reports the epidemic has taken a more favorable turn, and hopes are entertained of its soon being extinguished not only in Paris, but also throughout the country.

PARIS, NOV. 21, 1884.

WOODOOISM IN THE SOUTH.

Editor Louisville Medical News:

Under the above caption I will endeavor to present the readers of the *News* with some of the characteristic features of a disease, or rather an imaginary affection, which prevails to some extent in all the Southern States. The disease, so far as my knowledge extends, is confined exclusively to the negro race. The subjects of this disease are said to be conjured, or, as it is expressed by some of their own people, they have been "pisened," or have had a spell put on them. The main features of the disease are about the same in all cases, although there are many ways or means for bringing it about. It is found in both sexes and at any age after puberty, but never before that period. As I said before, the patient is said to be laboring under a spell which has been wrought upon him, in some occult and mysterious way, by some second person. Exactly how this is done, and who this second party is, generally remains a secret or is altogether unknown. I will give you the description of a typical case of this disease as seen by me three years ago. In the four years that I have been engaged in the practice of medicine I have seen probably a dozen cases of this trouble,

and the older physicians inform me of a great many more.

In August, 1880, I was called to see Scinda W., aged twenty-five years, female, unmarried. Upon a close examination, I could detect no real functional or organic disease in any part of the body. Patient was not confined to her bed and talked sensibly but not very freely. I told her I found no trace of any disease about her and consequently would leave no medicine. On leaving the house an old colored woman followed me to my house and there told me that "Scinda had been conjured; had a spell put on her," etc. Having heard of and seen these cases before, and believing them to be purely mental, I determined to go back to the house and if possible to disarm the woman's fears, and persuade her that all would be right in time if she would discard the idea of being conjured. I did so, but it had no effect. She was certain that in some unknown way she had been put under the influence of some subtle poison, and further, believed that it would kill her. With this idea firmly rooted in her mind the patient went on for about two months, refusing to be comforted in any way, and in the latter stages refusing to either eat or drink; and died with no other symptoms than those of exhaustion and inanition. I have never yet held a post-mortem on any of these subjects, and for no other reason than that I could not get an opportunity to do so. This race of people are very superstitious, and when one of their number dies of this malady they believe in putting him under the ground as soon as possible. Some of these patients believe that the cause of their trouble is due to some reptile or serpent that has been very miraculously introduced into the system, and that this demon gradually consumes the body until there is no more to consume, and death ends the scene. It is claimed by those who believe in this power that it is not necessary for the one to be acted on, to actually take this fatal poison by the mouth, but all that is needed is that the individual come in close proximity to it or step over it, the latter of which is considered almost certain death. Under the doorstep or about the bed is said to be the most favorable place for putting the fearful combination. One peculiarity about the poison is that it will have no effect on any save that one for whom it was intended. Several times have the articles that made up this mystic dose been brought to me. I

found them to consist of hair, feathers of various kinds, snake heads, scorpion heads, spiders, and other things that would be out of place to mention here. Small blocks of wood cut in the shape of a coffin have also been found. Feathers and hair seem to be a *sine qua non* in the production of the spell. This magical power is not possessed by all, but only by a limited number. We also have in our midst the Voodoo doctor, who always professes to be able to remove the evil spirit from those who are afflicted by this deplorable affection. As a general thing the Voodoo doctor is a pretty smart and intelligent negro, who recognizes the weakness of his race and profits thereby. He proposes to do a great many wonderful things. He will not commit his secret to any one. He endeavors to mystify every thing, and in his practice he claims to take advantage of those favorable times of the moon when evil spirits can be most easily overcome. Among some of the visible agents that they use to accomplish their purpose are to be found such drugs as "Boss Stone," "Sinkin Steel," "Love Powders," and "Loadstone." Not long since one of these Voodoo doctors became so bold in his operations in this country that the authorities of the law took him up and on a fair trial he was convicted and sentenced to a term of years in the State prison for thus preying upon his race through their superstitions.

I have but given you some of the general ideas in regard to this subject, hoping that as a matter of fact it will prove interesting to your many readers, and that such cases in the future may be more closely studied by the profession of the South, and, if possible, that something may be done to avert this horrible manner of death among these the most ignorant and most superstitious of all mankind.

AMBROSE MCCOY, M. D.

PINSON, TENN., NOV. 24, 1884.

Selections.

CROUP.—At the regular meeting of the Philadelphia County Medical Society, October —, Dr. T. V. Crandall read a paper on this subject, in which he reports five successful tracheotomies in eight cases and encourages the operation in these cases. He believes that diphtheria and pseudo-membranous croup are distinct and separate diseases.

In the discussion which followed, Dr. J. Solis Cohen said that tracheotomy had proven more successful in Dr. Crandall's hands than is customary. "The proportion of successful operations was about one in four. The ratio of success is not always maintained in one's later experience. Thus the late Dr. Hodge, who at one time reported four cases, three of which recovered, told me that he had subsequently operated seven times in succession without another recovery. Dr. Jacobi, whose success had been exceptionally good at one time, informed me some years afterward that he had been so unfortunate as to lose one hundred cases in succession, and thus his early confidence in tracheotomy has been modified.

The reason for this variation of results is, I think, plain. We are careful of our first cases. We see them frequently after operation, just as the writer of the paper has done. When we become older this time is not at our disposal. The after-nursing I regard as of the highest importance, and I have long made it a rule never to operate unless sure that this will be properly attended to."

Dr. Mancrede also dissented from the opinions of the writer, that tracheotomy was a trivial operation and one which might be undertaken without hesitation. He said:

"I am not ashamed to rank myself with those surgeons who dislike such operations, especially when so bold a one as Billroth says that he blames no surgeon for declining to perform laryngotomy on a young child.

"As to when to operate, croup cases are divisible into two groups, viz., those in which the dyspnea is subject to violent exacerbations, but is slight during the intermission; and those which steadily increase, each paroxysm being succeeded by a relative intermission, the dyspnea steadily increasing. In the first class of cases, the patient may, it is true, die in an access of dyspnea, but there is time to try medical measures usually. In the second class, when there is marked depression of the epigastrium and base of the chest, and also of the episternal and supraclavicular fossæ, despite the persistent use of the admirable treatment (vapors from lime, etc.) suggested by Dr. Cohen, operate at once.

"The fenestræ generally found in the tubes I regard as ridiculous. They are generally to be found outside the trachea when the tube is in place.

"There should be no hurry in doing

tracheotomy. Both hurry and force are exceedingly dangerous, and kill the patient sometimes. A hurried operator may force down the membrane before the tube; the trachea, being more resistant, may be cut, while the membrane will give before the knife, if the latter has been dulled. Some form of dilation had better be used to permit the removal of loose membrane, etc.

"I can not resist the impression which my experience has produced, that diphtheria and pseudo-membranous croup are identical diseases, modified by their locality, rapidity of progress, etc. Diphtheria is said to be distinguishable from croup by the presence of albuminuria, but German investigators have shown that albuminuria exists in a distinct proportion of cases of so-called croup. Besides most croup cases die before this symptom can make its appearance. Moreover, all cases of undoubted diphtheria do not present at first or at any time those profound alterations of the blood and the kidney lesions which result in albuminuria.

"Finally, whether the diseases are identical or not, clinically it was generally impossible to distinguish them at the time of operation."—*Abstract, L. S. O.*

REMARKS ON THE TREATMENT OF SYPHILIS BY HYPODERMIC INJECTIONS OF CORROSIVE SUBLIMATE.—Dr. John V. Shoemaker, of Philadelphia, read in the International Medical Congress, Section on Syphilis, August, 1884, the following: The hypodermic injections of mercuric chloride for the treatment of syphilis have been received with great caution in the United States of America, notwithstanding that Dr. Lewin's book on the subject had been there translated and republished. I was one of the first to take up that treatment there, and reëncouraged by my success with it, read a paper on the subject before the meeting of the American Medical Association at St. Paul, Minn., in 1882. I analyzed there a number of cases treated in this manner by me at the Philadelphia hospital for skin diseases. I have since then practiced it freely and with even greater success than before. Syphiloderma of all descriptions were made to yield under this treatment, and no disadvantages of any consequence were experienced in its course. While I have experimented with the various additions and modifications of the original Lewin's mercuric bichloride injections, I have invariably given them up in preference

to the method suggested by Lewin in using a simple watery solution of corrosive sublimate. I have found, however, that the treatment could be carried very much further and that larger doses were readily borne, and necessary for a thorough cure, than pointed out by him. I have invariably carried daily increased injections to the point where they produced systemic effect, and in many instances found it necessary to make injections of as much as half a grain (three centigrams) per day. These strong injections were readily borne, providing they were sufficiently dilute, not less than half a dram (two cubic centimeters) being employed for an injection containing half a grain (three centigrams) of corrosive sublimate. When these daily large injections were reached, the systemic effect of mercury soon became apparent as pyalism, intestinal irritation, and occasional tremor, which, however, soon subsided on ceasing with the injections, administration of potassium chlorate and occasionally the exhibition of potassium iodide, which, although acting as an adjuvant in the treatment did not serve to augment the systemic effect of the mercuric chloride, but rather diminished its characteristic symptoms. Stimulation by milk punches, supporting treatment with ferrous iodide, were often found of great utility, but generally, after twenty-four to thirty daily injections, the syphilitic symptoms had disappeared, and where the increasing dose had been persistently continued, the relapses proved a rare exception indeed. I attribute the effect of this treatment to a formation of mercuric albuminate in the cellular tissue, which, insoluble to the liquids of the organism, gradually dissolved under the peptonizing action found every where in the body, and thus produced a peptonized mercuric albuminate readily assimilable and eliminable in and through all parts of the body.

I am led to this inference from the fact, that otherwise toxic doses, were innocent if injected under the skin, and if it were not for local irritation I think even larger doses than I have mentioned could be borne without toxic effect. The local effect of the injections seems to bear out my views. Even large doses produce at best a lump which, though causing a somewhat erythematous condition of the skin, never suppurates or gives rise to deeper inflammation. I am free to say that in the thousands of injections I have so made, I have never met with an abscess or serious inflammation, though the lumps of mercuric albuminate could be

detected for several days. The only precaution I observe is to use a clean gold needle, and to inject deep enough into the subcellular or connective tissue where there is plenty of free and convertible albuminous substance. Though the pain in these injections is always a disadvantage, if the solution is sufficiently dilute it will be lessened to a considerable degree, or augmented if more concentrated. No addition of any kind has in my hands lessened this, although I have with advantage administered a fourth of a grain ($1\frac{1}{2}$ centigrams) of morphine sulphate into the arm hypodermically prior to the injection of the corrosive sublimate. I regard it as necessary, to bring syphilis to an abeyance and to obviate an early relapse, to constantly increase the strength of the mercuric chloride until its constitutional symptoms appear, and then continuing its use in a less vigorous manner until all symptoms have disappeared, sustaining the patient during this period with aliment, stimulants, and medication. Conducted in this manner, I regard the treatment of syphilis by hypodermic injections of corrosive sublimate as more rapid, reliable, cleanly and less dangerous than either the internal exhibition of mercurials or iodides, or the combination of the two; or the nasty, filthy, inunction treatment, either with or without variations. In no case have I found it necessary to use more than twenty to thirty injections, though I have frequently continued the after treatment for a month or two with decided doses of potassium iodide.—*Journal of the A. M. Association.*

TETANUS PRODUCED BY HYPODERMIC INJECTIONS.—Dr. Pietro Rossi reports in the *Gazzetta degli Ospitali* (Lancet) a case in which tetanus followed repeated injections of hydrochlorate of quinine. The patient was a youth, aged eighteen, of lymphatic temperament, affected with incipient pulmonary tuberculosis. Hydrochlorate of quinine was injected every other day, sometimes twice a day, with much constitutional benefit; but each puncture was followed by slight local irritation, with circumscribed redness and pain under pressure. These symptoms only lasted a day or two. In consequence of febrile exacerbation, the injections were repeated twice a day for three days, alternately in the arm and forearm of the same side. Each time the solution of hydrochlorate of quinine was the same in strength, bulk, and temperature. Four days after the last injection the pain

increased at one of the punctures, which became red and turgid. These symptoms were allayed by repeated poultices, and no fever supervened; but the patient complained of great weakness, and of difficulty in moving the jaws when eating. Chloral was at once freely administered by the mouth; but in the course of a few hours all the symptoms of tetanus were developed—trismus, opisthotonos, and pharyngeal constriction preventing deglutition. Chloral clysters in large doses proved unavailing. Muscular spasms of the trunk increased in frequency and violence, and death occurred suddenly, thirty hours after the appearance of the first tetanic symptoms.—*Journal of the A. M. Association.*

FORMIC ACID AS A GERMICIDE—The conditions of animal life vary immensely; the introduction of a single influence, not apparently of a powerful nature, may determine the death of some organisms. M. Schnetzer, a few weeks ago, communicated some observations to the Academie des Sciences, which serve to illustrate the above general principle. He has found that *bacterium subtilis*, one of the most difficult micro-parasites to kill, dies when in the presence of formic acid. Even when this bacterium has resisted the action of boiling-water for one hour, it may be instantaneously killed by formic acid, a drop of water containing one one-thousandth part of formic acid, added to a drop of water teeming with thousands of the bacteria, is sufficient to effect the purpose. The swarming fluid so treated may be introduced into the digestive tract with impunity. The author recommends the trial of formic acid on the cholera bacillus, and it may be suggested that its action on bacillus anthracis is equally deserving of experiment. If formic acid should be found to be capable of destroying the dried virus of charbon, provided this chemical agent does not injure imported wool, and in such a diluted state injury seems impossible, the suggestion that all imported wool be washed in a weak solution of formic acid might be of value in preventing the occurrence of so fatal a disease as malignant pustule and its allies.—*Ex.*

EARLY OPERATION IN TUBERCULOSIS OF LYMPHATIC GLANDS.—The following results, given by Garre, have accrued from the removal of tuberculous glands. Out of eighty cases, forty only have been completely followed up. All except six of these

occurred in the neck, and these six were in the axilla. In half the cases an infective focus could be traced. The glands were completely removed, and in all cases the wounds readily healed. Twenty-one remained healed and had no return. In seven cases some fresh glandular tumors appeared about the size of a hazel nut, while ten developed large glandular tumors for a second time; two died within six months of phthisis; nine showed symptoms of lung affection, including four who exhibited no signs of it at the time of operation.—*Deutsche Zeitschrift für Chirurgie; London Practitioner.*

LOCALIZATION OF THE CORTICAL MOTOR CENTER OF THE LARYNX.—In a paper on this subject, read at the eighth meeting of the International Medical Congress, Dr. D. Bryson Delavan, of New York, after giving two cases, concludes:

1. That there is a cortical center of motion for the larynx.
2. That this center is in the course of the anterior branch of the middle cerebral artery.
3. That it is toward the proximal end of this vessel.
4. That it is in the vicinity of the convolution of Broca.—*Phila. Med. News.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from November 30, 1884, to December 6, 1884:

Irwin, B. J. D., Major and Surgeon, granted one month's leave of absence. (S. O. 112, Dept. Arizona, November 28, 1884.) *O'Reilly, Robert M.*, Captain and Assistant Surgeon, assigned to duty as Attending Surgeon, Washington City, D. C., to date from October 20, 1884. (S. O. 284, A. G. O., December 4, 1884.) *Barrows, C. C.*, First Lieutenant and Assistant Surgeon, in addition to other duties, to take charge of Middle Division Office, Department Arizona, during absence of Surgeon B. J. D. Irwin. (S. O. 112, Dept. of Arizona, November 28, 1884.) *Kneedler, William L.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort A. Lincoln, Dakota Territory, and ordered to Camp Poplar River, Montana Territory. (S. O. 140, Dept. Dakota, Nov. 25, 1884.) *Pitcher, James E.*, First Lieutenant and Assistant Surgeon, to be relieved from duty at Camp Poplar River, Montana Territory, and ordered to Fort A. Lincoln, Dakota Territory. (S. O. 140, Dept. Dakota, November 25, 1884.) *McCaw, W. D.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Wingate, New Mexico, and ordered to Fort Lyon, Colorado. (S. O. 228, Dept. Missouri, November 26, 1884.) *Gray, Charles C.*, Major and Surgeon (Retired), died at Geneva, New York, November 26, 1884.